



**NORTHWEST REGIONAL
EDUCATION SERVICE
DISTRICT**

Audiology Department
Ph: 503-614-1406
Fax: 502-614-1285
5825 NE Ray Circle
Hillsboro, OR 97124

Early Intervention/Early Childhood Special Education Hearing Screening/Evaluation Request

Child's Name: _____ Date of Birth: _____

Parent(s) Name: _____

Parent(s) Address: _____

Parent(s) Phone Number: _____ Alternate Number: _____

Service Coordinator: _____ Service Coord. Phone: _____

Service Coordinator Email: _____

Requesting:

- Screening (Requires Form 30A in addition to this form)
- Initial/Re-Evaluation (Requires Form 30A in addition to this form)
- Maintenance hearing evaluation and/or equipment appointment (no 2nd form needed)

Reason for hearing screening/evaluation request:

Other pertinent information:

EI/ECSE Service Coordinators: Please attach any supporting documents and send this request to your supervisor for approval.

Coordinator Signature Date

Director Signature Date